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DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF
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PUBLIC HEALTH NURSING IN ROME

May 2nd. Visited the Salaria Quarter Clinic with Miss Race. This was established during the war, for the wives and children of men at the front and is open every day. All medicine is given free. The doctor had not come, so we inspected the two rooms, both on the ground floor, but well kept, and spoke to a few of the patients. The signorina showed me her book gladly when she found that I was not going to stay. The admission book, in which the names are registered, is a cumbersome, heavy volume. In fact the record system never seems to be planned with a view to economizing space, labor or paper. Each patient was obliged to show a tessera or ticket, which was proof that the main support of the family was at the front.

None of the clinics seem to have trained or volunteer nurses, although I have heard of two (one in Milan and one here) that had visiting nurses before the war. The signorina is usually a woman who does all the clerical work, takes the initial history, keeps order in the clinic and attends to supplies. To assist her, she has a cleaning-woman who also sometimes helps to undress the little children. The doctors take the temperatures and give their own hypodermics. Most of the clinical assistants whom the nurses have met have a sneaking fear that the Americans are trying to take their positions away, consequently they are always greatly relieved when a new-comer does not stay indefinitely. Very few records of any sort were kept and no social follow-up work was attempted, although the signorina of this clinic made some afternoon calls to give hypodermics or to do dressings.

In the back of the waiting room was an ambulance, a long, narrow, two-wheeled hand-cart entirely covered by a canvas hood that rolled back like a perambulator top when the patient was being lifted in or out. It was only large enough for one adult patient, but was well equipped with stretcher, mattress and blanket. It had shafts and was pulled through the streets by two men, who were always on call near by. Except for army camions, this seems to be the only type of ambulance in Rome.

From the clinic, we made five calls. On the edge of town, really in the open fields, we found a well built, good looking house that was

as bad as many of our worst tenements. Although the day was warm and sunny, the chill, cold air from the piano terreno, or ground floor, room struck us like a noisome vapor. The unmistakable odor of squalor that indicates overcrowding and lack of ventilating and bathing facilities pervaded even the upper floors that got sunlight. We found our sick baby in the basement. The father, mother and six children lived in one room. They had two beds which seemed fairly clean, a chair, an old dresser and a few cooking utensils. There were no additional clothes hanging on the walls and no food to be seen. In fact, in none of the very poor families do the nurses find food,—the families live such hand-to-mouth lives that there is no food left from one purchase to the next. Bread seems to be the most constant diet. We don't know how the little ones survive.

This family shared their kitchen with two other households and their stove was the usual large platform of tiles, with two small openings on top and corresponding holes in the side. Twigs, dried grass or charcoal were burned in the holes and to get any heat at all someone had to make a draught by fanning with a chicken-feather fan until the food, usually minestra (a thick vegetable soup) or macaroni, was cooked. There were no visible evidences that the stove had been used for days. The father was a wounded soldier and the family was existing on a government pittance, although the man was at that moment looking for work, having been discharged.

In the next room we found a similar family. Here the husband was the patient. He had had malaria so severely that he was only the shadow of a man. His wife was a laundress. Except for two beds, with the mattresses rolled up, the room was perfectly bare, although clean. What impressed us most was the entire absence of wood-work,—there were no shelves, no pantry, no sink, no toilet facilities. All water had to be brought from the fountain. There was nothing about these miserable rooms that made existence possible, much less desirable, but these poor women were just as eager to help their sick as far more favored mothers are apt to be. Few of the charities have been able to function properly during the long four years of war, consequently there is no one agency able, at present, to do much in the way of relief, but the local government does issue certain foods free or at cost to many families.

From this wretched tenement we went to one of the large, comparatively new Beni Stabili apartments. We found a huge, packing-box sort of place, built around a hollow square. It had eight stairways or entrances. (In Rome, a nurse does not ask whether the patient lives front or rear, but on which scala or staircase.) The building was four or five stories high and had a flat roof on which

the clothes, which were washed in the basement, were hung. There were two, three, or four flats on each landing. The building probably housed one hundred and twenty families. The flat that we entered was well furnished and tidy. It had running water, cold, of course, electric light and a gas, as well as a charcoal stove. Under the sink, behind a lattice, clucked an amiable hen; in the kitchen window, lettuce and geraniums shared the flower box. We appeared not to notice the hen, for only recently a patient who had been in America defended hens in the kitchen by saying, "You keep cats and dogs and parrots all over your houses in America. I've seen them."

The court was rather dusty and unattractive, but perhaps in time it will contain some grass and trees. We missed the children and were told that they could not play in the court, but in a room set apart for their games, or in the street. Only quiet babies and sedate adults are welcome in apartment buildings, the world over.

Our last call was in another Beni Stabili house, but here the court had a fountain, some palm trees, and grass, and helped us to see what the first court could undoubtedly become.

"Beni Stabili" is the name of a real estate firm that owns about one-third of the houses for all classes of tenants in Rome. It has some very crowded tenements for the very poor, these decidedly better ones for the artisan's family and very high-grade buildings where one may pay as much rent as he likes.

The housing reform that was going on all over Italy before the war is not a philanthropic movement, but was begun by business firms which were approved by the government. New buildings are not heavily taxed and may be exempt from taxation, and are so planned that the rents are within reach of the working man's purse. The Beni Stabili has been an important factor in the housing reforms of Rome.

A ROMAN CHILDREN'S HOSPITAL

On the afternoon of June 13, I visited the Ospedale del Bambino Gesù, with an interpreter and four of the nurses. It is situated on the Janiculum, just behind the old church of San Onofrio, by whose monks Tasso was befriended. The hospital buildings are those of the old convent, very much remodeled.

After we left the tram, one stop before the square of St. Peter's and the Vatican, our way took us through a very narrow, dirty street, the first really dirty street that I have seen in Rome. There were no raised sidewalks and whole families were sitting out, for the ground-floor rooms that were not work-shops or small stores, were homes. The late afternoon sun was not hot and there was a good breeze, but not enough to dispel the disagreeable odors that must of necessity

cling to a street that is the sewer as well as the rubbish heap of many households. The children were dirty and poorly dressed, the women slatternly, in fact the street was a reproach to civilization, just as such streets are the world over. We passed two churches, a small trachoma hospital, the very forbidding gateway to the Manicomio of San Onofrio (hospital for the insane), an equally grim entrance to the prison, which goes by the remarkable name of Regina Coeli, and after a stiff climb—for that side of the Janiculum is very steep—we found ourselves in the court-yard of the old church, looking down upon Rome, and enjoying the same view that Tasso is said to have loved so much. A few steps beyond was the hospital, walled-in of course, and showing only unattractive, yellow-whitewashed walls to the passer-by. The yards and gardens of all old Italian houses are inside, only a few of the very newest villas are built in the midst of, rather than around, their gardens.

In spite of the fact that its main buildings were several centuries old, we found everything ship-shape and modern, the patients clean and well cared for. The hospital contains well equipped medical and surgical departments, a good operating room, and very good isolation pavilions for cases of infectious diseases. A dispensary is being built, a gift of the American Red Cross. When the children are first admitted, they are kept in observation rooms for four days and are then assigned to the wards. Both acute and chronic cases are taken, but the chronic cases seem to have the preference, for we saw a great many children with tuberculosis lesions (not pulmonary) who had been in the hospital for years. Most of them are given the sun cure, for the broad roofs of the hospital wings are well adapted for open-air treatment and heliotherapy is very much practised in Italy.

The hospital is under the care of the Sisters of St. Vincent de Paul, who were very gentle and skillful with their young charges, boys and girls ranging in age from a few months to twelve years. The nuns assist the doctors in the surgery and give the medicines and the special treatments,—the general nursing care and the heavy work of the hospital being done by the infermiere, or servant-nurses, as they are called. These are untrained, for the most part illiterate women who live in the hospital and are paid 20 lire (about \$4.00) a month.

(To be continued)

ITEMS

To meet the demand for social service workers in different departments, the University of Rochester has established a department in Social Work which is being financed by the Social Service Com-

mittee of the Third Presbyterian Church and is supported by a number of other social organizations in the City.

Miss Belle D. Boyeson, a graduate of the Syracuse University, who has had three years graduate experience in Bryn Mawr College and at the School of Philanthropy, New York, is in charge of this course.

The responsibility for lectures on the distinctly nursing side of the courses will be assumed by Mary Laird, Director of the Rochester Public Health Nursing Association, a graduate of the Rochester General Hospital, and of the department of Nursing and Health, Columbia University.

The strictly medical subjects will be supplemented by lectures by some of the city's leading specialists.

The course will be opened by an address by Dr. C. E. A. Winslow of Yale University and followed by a lecture by Dr. Edward T. Devine of New York City. The course will open in October of this year and extend until June of 1920, and will include courses for four distinct groups of workers: Public Health Nurses, Social Service Workers, Volunteer Workers, and a broad educational course applicable to all the groups. There will be conferences and opportunities for field work.

Minnesota.—The forty-first session of the Legislature has passed an act authorizing city and village councils, boards of county commissioners and town boards, to employ public health nurses. The bill passed both houses promptly, without revision or amendment. The nurses are to be chosen from the list of nurses registered in Minnesota; the nurse may be employed as a visiting nurse. There are other important provisions of the bill, but these two points are of special significance. Heretofore communities have been rather slow about thinking that home bedside care should be given by nurses paid from public funds. Minnesota now has forty-four county public health associations and in time hopes to have such an association in each county and at least one public health nurse attached to each association.